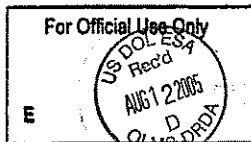


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>295</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Stephen W. Spain</u> P.O. Box, Bldg., Room No., if any _____ Street <u>13410 BRANDY DAKS DR.</u> City <u>Chesterfield</u> State <u>Virginia</u> ZIP Code + 4 <u>23832</u>	4. Name, file number, and address of labor organization. Name <u>International Ass of Machinist and Aerospace workers.</u> Labor Organization File Number <u>000107</u> P.O. Box, Building and Room Number, if any _____ Street <u>9000 machinists Place</u> City <u>Upper Marlboro</u> State <u>MD</u> ZIP Code + 4 <u>20772-3687</u>
5. Position in labor organization. <u>B.L.R. - Brand Ledge Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Philip Morris, U.S.A.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>36603</u> Street _____ City <u>Richmond</u> State <u>VA</u> ZIP Code + 4 <u>23261</u>	7.a. Nature of Interest, Transaction, or Income. <u>Philip Morris used to have a Cornpone Box at the state fair grounds. They would have there Restrooms, government officials and Union Leadership as guest at a RACING event. My wife & I received two tickets to race.</u> 7.b. Amount. <u>Amended</u> <u>\$672.00</u> <u>for both tickets total</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Stephen W. Spain</u>	On <u>7/5/05</u> Date	<u>804-874-0020</u> Telephone Number

Name of Person Filing

Stephen W. Spain

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Group ProtectionTrade Name, if any: N.G.P.

P.O. Box, Bldg., Room No., if any

Street 1445 Greenbrier PlaceCity CharlottesvilleState Virginia ZIP Code + 4 22901

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

N.G.P. offers to members of the Union health in VA. A variety of optional insurance programs at the individual's expense. Said programs are not funded in any way by Union funds.

11.b. Approximate dollar value of such dealing. X

12.a. Nature of interest held or income received.

N.G.P. has invited me to Charlottesville, VA, where their office is located and has paid for my hotel as well as a ticket to a U.V.A. Football game for my wife and I.
 Estimated Value \$ 550.00

12.b. Amount.

As to Union there is no income or expense. As to N.G.P. Union has no information as to how many members elect to be covered.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



August 7, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Administration
200 Constitution Avenue, NW, Room N-5616
Washington, DC. 200210

Subject: AMENDED LM-30 report for January 1 2004- December 31, 2004

AMENDED REPORT

On July 6, 2005 I mailed to your office my LM-30 report for the above subject year. I sent it by certified mail return receipt requested. As of today, I have not received back the card verifying your receiving it.

I am enclosing another copy of my original filing with one amended section. Section 7.b on my original filing I had written in an approximate value, since at that time the employer at my request, stated that they did not really have a way of exacting the cost. After I mailed in my original report I was contacted, with what employer had calculated the cost of the same tickets for some elect government officials. I had originally requested my information from the Industrial Relations department, but it was the employers Government affairs group that calculated out the cost for the politicians. Therefore, I am respectfully amending my 7.b report to reflect the same as theirs.

In addition, within this package is a copy of my receipt, showing that I did in fact attempt to mail the report dated July 6, 2005. I hope that you received it and only the sign receipt stub got lost.

If you have any questions, please feel free to call.

Sincerely



Stephen W. Spain

International Association of Machinist and Aerospace Workers
Home 804-639-6903



7004 2890 0000 8719 1794

U.S. Postal Service	
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Certified Fee	\$0.37
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Restricted Delivery Fee (Endorsement Required)	\$1.75
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0608 Postmark 12 Here	
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U.S. Dept of Labor - ESA/OLMS Rm. 45614	
Street, Apt. No., or PO Box No. 200 Constitution Ave, N.W.	
City, State, ZIP+4 [®]	
Washington, D.C. 20210-0001	
PS Form 3800, June 2002 See Reverse for Instructions	

GENITO STATION
MIDLOTHIAN, Virginia
231123673
5176530608-0096
07/06/2005 (800)275-8777 02:43:23 PM

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	
WASHINGTON DC 20210			\$0.37
First-Class			
Return Receipt (Green Card)			\$1.75
Certified			\$2.30
Label Serial #: 70042890000087191794			=====
Issue PVI:			\$4.42

Total: \$4.42

Paid by: \$20.00
Cash
Change Due: -\$15.00

Bill#: 1000401534770
Clerk: 12

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy